

PROTOCOL: INITIAL EVALUATION

Vanderbilt Comprehensive Care Center

(See **Intake/Linkage to Care** protocol for process prior to first provider visit.)

Goal: Establish a therapeutic relationship with a new patient by performing the following tasks in a supportive and non-judgmental manner: review clinical history, perform physical examination, review laboratory results, set up follow up plan.

Time Scheduled: One hour

Personnel Involved: Patient Service Representative, Clinic Nurse, Provider, and Social Worker, CPS team member.

Patient History: History should include standard questions regarding past medical, surgical and psychiatric history, current medications, family medical history, and allergies.

Areas that are more specific to HIV related care include: date first tested positive, last negative test, symptoms of possible acute retroviral illness, HIV related complications. In addition STI history, MTB exposure (incarceration included), trauma and sexual violence should be reviewed. Treatment history should focus on date first started on ARV's, then detailed summary of past ARV exposures, failure or intolerance issues and length of time on current regimen. History of present illness should include acute issues and detailed review of systems including mood, social involvement, sexual health, weight changes with notation of patient's usual body weight, sleep habits and any issues related to diet.

Psycho-Social Assessment: Initial evaluation should include a brief survey of mental health and substance abuse. This can be accomplished using validated tools (XXXXX) or with **questions regarding mood, anxiety/stress level, substance abuse (type and frequency of substance), and support system with indication of which members of family or friend network are aware of diagnosis and can serve as support for patient. Marital status, level of education, current employment and if unemployed, past jobs, living situation and best method to communicate with the patient should all be noted. Reference to the information in the Social Work Intake note can be made.**

Clinical Evaluation: Clinical assessment should include a complete physical exam (PE) with the patient disrobed to underwear if appropriate. PE should include **all the elements of a detailed exam including neurologic assessment, gait and funduscopic examination. Genital and rectal exam should be addressed if not on the first visit then planned for in follow up.**

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Laboratory Evaluation: Initial laboratory results (See **Intake/Linkage to Care Protocol**) should be reviewed with the patient and a detailed explanation of the dynamics of HIV infection including HIV RNA results, CD4 counts, CD4 % as well as any other results that may be of specific interest or importance to the patient. **Additional laboratory evaluation at the first visit may include, if appropriate, STI screening of oral and anal sites, Pap smear (cervical or anal), HgbA1c, Lipid panel, Testosterone levels and PSA.**

Patient Education/Participation: Several minutes should be dedicated to a detailed discussion with the patient of current problems and goals to be addressed. The pathophysiology of HIV infection, pathogen-host interactions, treatment evaluation and goals, as well as the high likelihood of success in controlling HIV should be reviewed and available print and online resources utilized. The risk of transmission of HIV as well as other STI's should be discussed in the context of sexual health. The patient should be allowed time to ask any questions about the specifics of sexual transmission. Disclosure issues should be addressed as well as the impact of stigma on health. Communication with provider and other members of the clinic team should be reviewed including the role of the patient portal and on call service. The patient should be informed of the on-site services offered at the clinic and the role of the provider as specialist or primary care provider should be established.

Follow Up Planning: Follow up will be arranged according to the specific needs of the patient and may include the provider, social worker, CPS team and any other on-site service providers. Off-site referrals should be discussed and requested.

References